

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	239575US25CONT
	First Inventor or Application Identifier	Johann J NEISZ
	Title	IMPLANTABLE ARTICLE AND METHOD
Assignee Name:		American Medical Systems
Assignee Address:		10700 Bren Road West Minnetonka, Minnesota 55343

19704 U.S. PTO
 10/616925
 07/11/03

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification Total Sheets 67 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 61 4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 3 a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (filed in parent S.N. 09/917,562 on 07/27/01 at Reel/Frame: 012118/0635) 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of <small>(when there is an assignee)</small> Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 (filed in parent S.N. 09/917,562 on 07/27/01) 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 16. <input checked="" type="checkbox"/> Other: Confirmation of Attorney and Correspondence Address Revocation and New Appointment of Power of Attorney

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☒ Continuation
 ☐ Divisional
 ☐ Continuation-in-part (CIP)
 of prior application no.: 09/917,562

Prior application information: Examiner: Gilbert

Group Art Unit: 3736

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

☐ This application is a
 ☐ Continuation
 ☐ Division
 ☐ Continuation-in-part (CIP)

of application Serial No.

Filed on

☐ This application claims priority of provisional application Serial No.

Filed

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FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	30 - 20 =	10	x \$18 =	\$180.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$750.00
TOTAL OF ABOVE CALCULATIONS				\$930.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
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- ☐ Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of **\$930.00** to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: 07/09/03

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